

Paul V. Dutton. *Beyond Medicine: Why European Social Democracies Enjoy Better Health Outcomes Than the United States*. Ithaca: Cornell University Press, 2021. 195 pp. 195.

Comparative health systems and policy is a wondrous intellectual and decision-making enterprise. From (to mention only a few) Kervasdoué, Kimberly and Rodwin's *The End of an Illusion* (1984) by way of Anderson's *The Health Services Continuum in Democratic States* (1989) and Glaser's *Europe's Decentralized and Semi-private Health Insurance* (1989) onto Ellencweig's *Analyzing Health Systems-A Modular Approach* (1992), Joe White's *Competing Solutions* (1995) and Saltman et al's *Critical Challenges for Health Care Reform in Europe* - ending up (so far) with Professor Dutton's book, scholars seek to solve a more than three-dimensional Rubik's cube of historical social processes, cultural and ideological orientations, economic exigencies and contingencies, constitutional and governance arrangements, media and rhetoric, population health status and health care outcomes, and more. The field is a spiral of re-inventing and revisiting wheels, enacted in thousands of journals, books, and international meetings; all comprising an epistemic community of enthusiastic, pondering, puzzled, frustrated, inspired, and fulfilled scholars, policy analysts and practitioners. No one book can encompass all of this, but this book is—even for exhausted comparative health policy veterans—a rich and satisfying read. Paul Dutton conveys his personal connection to four health systems, with well referenced and convincing descriptions and analyses of three areas of health systems. Specifically, he compares the US and other systems using three life cycle lenses: infant and child health in France, worker's health in Germany, and “after work” (retirement and old age) in Sweden.

The life cycle structure of the book makes it easier to identify with the lived experience of citizens of all four countries. It also captures the complex interplay of factors that shape each of the three areas in a manner that is almost seamless, certainly relative to more rigid comparisons of selected aspects of health systems, trying to hold constant

confounders that, no matter valiantly the analyst tries, can never in the end really be held constant. French childcare results from a history of strong central governing authority, a felt societal need to encourage population growth without sacrificing child health status or work force participation of women, and a reliance on science to guide nutrition and vaccination. Germany's provisions for access to health care and occupational safety arose from the pressure the monarchy felt in the latter of part of the nineteenth century to ward off the influence of radical left-wing tendencies towards workers' liberation. While the period from 1921 to the end of World War II was horrific, somehow Germany (primarily in the Western part; East Germany had a Soviet style system) regained elements of employer/worker cooperation. Corporatist tendencies characterized by stakeholder representation at the health policy table, as well as a degree of shared power between employers and employees, have enabled Germany to outdo the US when it comes to a healthier population during the working years. The DNA of the German health system promotes simultaneous concern for both productivity and worker welfare, the latter nurtured by the security provided by social health insurance and attention to the social determinants of health. For example, "in contrast to the United States, where typically underfunded state and federal agencies regulate workplace safety from outside the company, German workers and employers collaborate in-house to fulfil this task" (95). By the time the reader reaches the subject of old age care, it is almost unnecessary for Dutton to point out how Sweden's superior performance relative to the US is founded on the two earlier life stages, despite the fact that those phases were represented by different countries. In each case, the author highlights how the attention paid by the European health systems to the social determinants is integrated with the medical health care system.

The social determinants of health have become all the rage for health policy aficionados frustrated by repeated failures of health reform to achieve increased access while reigning in costs. "An ounce of prevention is worth a pound of cure" is an aphorism sagely

nodded at by a consensus of academics, and perhaps even politicians. But once the implication is diverting resources from high technology health care providers to public programs dealing with housing, education, and environment—well— that is a different matter.

How do France, Germany and Sweden do it? While the author doesn't refer to it in so many words, the secret sauce that advantages Western European countries relative to the US is social solidarity. This concept is widely missing from discussions of US health policy. The closest American analysts come is in discussing social capital and, more recently, trust. But this usually takes the form of, as in the work of Robert Putnam, a pining for the supposed halcyon days when Americans could leave their porch doors unlocked and didn't "bowl alone." As this reviewer has offered elsewhere, and is organically substantiated by *Beyond Health*, it is possible to engender social solidarity through deployment of institutional arrangements and mechanisms of accountability that encourage commensurate cooperation, trust and empathy. This makes it important to pre-empt knee jerk rejections, in the US debate, of learning lessons from other countries by eluding labelling and the conjuring of foreign bogeymen and absurdities ("that's socialized medicine," "government controlled health care", "keep the government out my Medicare," or "there is no French word for entrepreneur"). The book reviewed here presents US readers with comparisons to other countries in a manner more conducive than most to learning from elsewhere.

The last chapter of the book presents a range of policy recommendations deriving from the comparative chapters. Sporadic programs, such as a "food pharmacy" in Ohio, health systems partnering with ride share companies to reduce appointment no-shows, and a New York program of providing housing units on a short term basis to homeless patients suffering from chronic conditions indicate that there is some recognition of the need for government to intervene in the social determinants of health. The Health in All policies

movement has had played a positive role in some US cities. The US needs to find a better balance between investments in medical care on one hand, and the social determinants of health on the other hand. Through no fault of Dutton's, the policy prescriptions are not the strongest part of the book. Since he can't say it for himself, I will: getting as many individuals involved in US health policy to read his book might just get things moving in the right direction.

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